

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		1				
3						
4		2				
5	✓					
6		1				
7						
8						
9		1				
10		3		3		
11		2	⊙	3		
12		4		3		
13		4		3		
14	1		1			
15		1		1		
16		1		1		
17		2		2		
18		2		2		
19		8				
20		⊙				
21	✓	⊙				
22		⊙				
23		⊙				
24		6				
25		8				
26		2				
27		2				
28			1			
29			1			
30				1		
31				1		
32			1			
33				1		
34				1		
35			1			
36			1			
37				1		
38				1		
39				1		
40				1		
41				1		
42				5		
43				5		
44				5		
45				4		
46				6		
47			1			
48				1		
49			1			
50						
TOTAL IND.	4		8			
TOTAL DEP.	56		53			
TOTAL CLAIMS	60		61			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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59						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						